



# MISSOURI JUSTICE REINVESTMENT INITIATIVE

*Executive Oversight Council*

**Annual Report to the Governor**

December 2022





MISSOURI  
JUSTICE  
REINVESTMENT  
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## I. JUSTICE REINVESTMENT INITIATIVE EXECUTIVE OVERSIGHT COMMITTEE

Director Anne Precythe – Missouri Department of Corrections (Co-Chair)

Director Val Huhn – Missouri Department of Mental Health (Co-Chair)

Honorable Patricia Breckenridge – Missouri Supreme Court

Lieutenant Governor Mike Kehoe – Lieutenant Governor's Office

Attorney General Eric Schmitt – Attorney General's Office

Senator Caleb Rowden – Missouri State Senate

Senator Karla May – Missouri State Senate

Representative Lane Roberts – Missouri House of Representatives

Acting Commissioner Leroy Wade – Missouri Department of Higher Education & Workforce Development

Director Sandra Karsten – Missouri Department of Public Safety

Acting Director Robert Knodell – Missouri Department of Social Services

Chairman Don Phillips – Missouri Parole Board

Sheriff Jason Klaus – Perry County Sheriff's Office / Missouri Crisis Intervention Team Council

Chief of Police Geoff Jones – City of Columbia Police Department

Sheriff David Marshak – Jefferson County Sheriff / Missouri POST Commission

Prosecuting Attorney Tim Lohmar – St. Charles County / Missouri Association of Prosecuting Attorneys

Steve Hobbs – Missouri Association of Counties

### Working Groups and 2021 Chairs

Crisis Response: Angela Plunkett (DMH) and Sheriff Jason Klaus (CIT)

Data Monitoring: David Edwards (DOC)

Evidence-Based Practice: Kelly Dills (DOC)

ICTS Treatment Program Oversight: Kelly Dills (DOC) and Jennifer Mihalevich (DMH)

Victims Focused: Matt Rodriguez (DSS) and Jamie Birch (GO)

## II. BACKGROUND

The work of the JRI Executive Oversight Council and its predecessor (the Missouri State Justice Reinvestment Task Force) began in June 2017 to address the increases in violent crime, prison admissions, and recidivism, as well as insufficient behavioral health treatment and outdated parole practices within the state.

The JRI Executive Oversight Council is currently operating under [Executive Order 20-21](#).

The state's JRI efforts have been focused around six priority areas to date, as outlined below.

### SIX PRIORITY POLICY AREAS FOR JUSTICE REINVESTMENT IN MISSOURI



Address violent crime



Improve infrastructure and systems of support for victims of crime



Build and strengthen community-based treatment systems



Implement evidence-based practices at the MDOC



Repurpose Community Supervision Centers



Modernize parole decision-making



### III. PROGRESS IN THE SIX KEY POLICY AREAS

Significant progress continues to be made in the initiative's six key policy areas. The workgroups have continued to work diligently on carrying out the recommendations that were made by the Executive Oversight Council in 2021 and to leverage new opportunities to further the JRI-related goals of the state.

#### a. Violent Crime

Missouri experienced a significant rise in violent crime rates in 2020 due in large part to social tensions and the COVID-19 pandemic. However, the effect of those factors waned in 2021, and violent crime rates in Missouri decreased in 2021. Missouri's violent crime rates have returned to pre-pandemic levels. However, the multifaceted nature of violent crime still requires intricate strategies and solutions in order to bring violent crime rates even lower.

#### b. Build and Strengthen Community-Based Treatment Systems

The Improving Community Treatment Success (ICTS) initiative continues to serve Missourians on probation and parole who have significant substance use disorders, but who require "wrap-around" support to be successful in treatment. At the end of fiscal year 2022, there were 12 counties with an ICTS program operating: Boone, Buchanan, Butler, Camden, Cole, Greene, Miller, Pettis, Phelps, Polk, Pulaski, and St. Francois. Nearly 300 individuals were enrolled in service on June 30, 2022, with over 1,700 served since the pilot began in 2018.

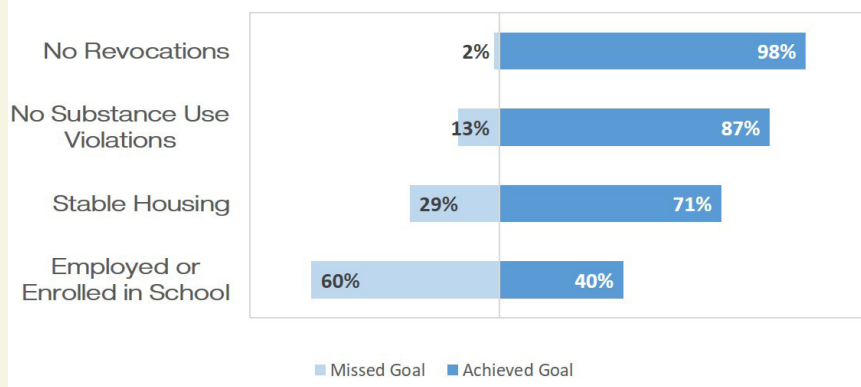
During this fiscal year, the Missouri Department of Corrections (DOC) and the Missouri Department of Mental Health (DMH) partnered with the University of Missouri at Columbia to evaluate the ICTS program.

*Interviews with 56 stakeholders in the ICTS program: 25 directors, administrators, or agency personnel; 13 probation or parole officers; and 18 clients who had participated or were participating in the ICTS program.*

*The study found that overall, stakeholders were very pleased with the program. Challenges with the program tended to be specific to the location or associated with staff turnover within a particular agency. The research team recommended three areas for improvement: (1) identify and develop a mechanism to assess client motivation for participation in the program, (2) clarify all program elements, especially what "completion" means, and (3) implement ways to improve knowledge and understanding of the program among outside stakeholders. The teams at DOC and DMH will work to address these issues and through fiscal year 2023 continue to partner with the University to conduct analyses of correctional and mental health administrative data.*



Average Performance Metric Outcomes in FY 2022

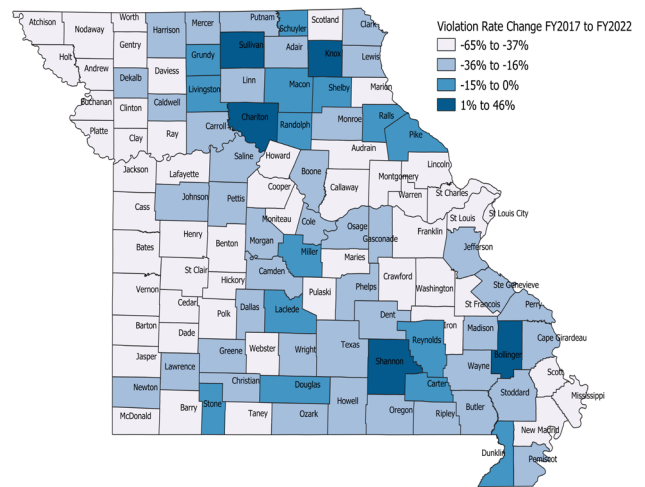


*ICTS programs are helping participants meet individual goals that also serve the public interest. During any given month, program participants are largely free of substance use violations, have not engaged in behavior leading to revocation, and find themselves in stable housing. A significant number of these highly challenged individuals are also employed or pursuing their education.*

### c. Implement Evidence-Based Practices at the DOC

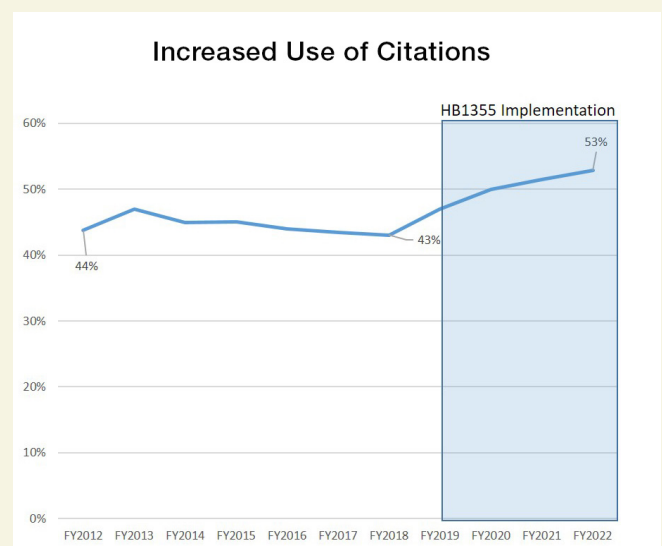
DOC continues to make progress implementing evidence-based practices throughout the agency. The Risk Principle is the foundation of evidence-based practice for corrections. This principle mandates that offenders should be provided with supervision and treatment levels that are commensurate with their risk levels. During FY2022 DOC conducted the first recertification of 1,353 Probation and Parole Officers and Division of Adult Institutions Case Managers, with 94% passing on the first attempt.

The Department conducted 36,015 reviews of assessments and case plans and developed metrics to monitor compliance with standards. As a result, violation rates across the state continue to decline. Prior to JRI, violations were increasing at an average of 4% per year between FY2013 and FY2017;

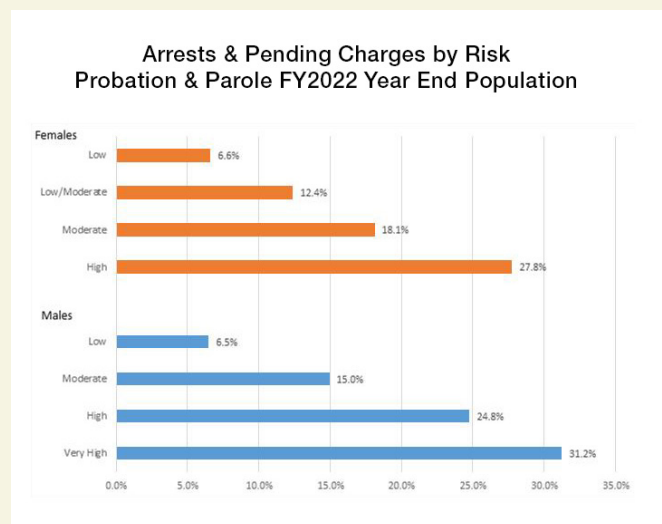


Post-JRI, the decrease has been significant, on average 8% per year between FY2018 and FY2022.

*Citations were introduced in FY2007 as a less serious sanction than a violation report. Over the last ten years supervision episodes that were closed because of an incarceration had an average of 1.7 citations compared to 1.6 citations for a discharge, which indicates that revocation is typically not initiated by a citation; unlike violation reports, which average 2.9 for incarcerations and only 1.2 for discharges. Between FY2012 and FY2022 citations as a proportion of violations increased by 21% and between FY2018 and FY2022 by 23%. Evidence-based practices that focus on providing more intensive supervision for higher-risk offenders and less intensive oversight of low-risk offenders is helping to reduce the violation rate across the state. Officers are able to respond to non-compliance with a person's risk for re-offense in mind through the use of citations; more restrictive responses, like violation reports, are applied to the behavior of individuals with a higher risk to reoffend.*



*Preliminary statistics show the DOC's risk assessment is effective at identifying at-risk individuals on probation or parole in Missouri, allowing officers to focus on providing more intensive supervision for higher-risk offenders and less intensive oversight of low-risk offenders. This practice in turn is helping to reduce the violation rate across the state to reoffend.*





## d. Repurpose Community Supervision Centers

The transformation of the state's Community Supervision Centers (CSC) from default homeless shelters to behavioral intervention programs is complete. During this fiscal year, the Department conducted quality assurance checks at half of

the state's CSCs finding good compliance with correctional evidence-based practices. These practices have translated into a significant reduction in risk for individuals exiting a CSC: 74.5% of individuals entering a CSC during fiscal year 2020 were at risk of revocation; two-years after exiting the CSC, only 54% had been re-incarcerated – a reduction in risk of over 25%.

## Our Community Supervision Centers are diverting at-risk individuals from prison

More than 74% of offenders entering a CSC had a prior violation that put them at risk of revocation



Only 54% of offenders are subsequently incarcerated two years after exiting the CSC - a reduction in risk of over 25%

## e. Modernize Parole Decision Making

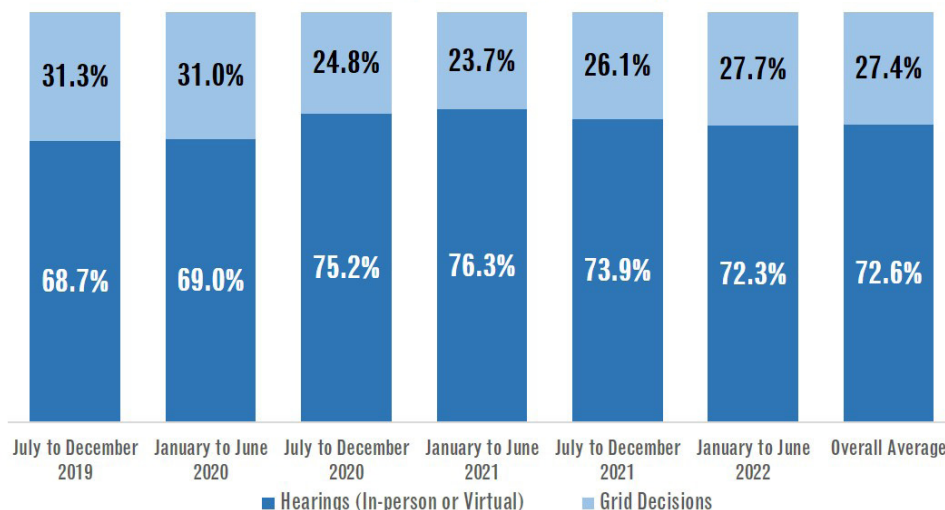
The Missouri Parole Board continues to use Structured Decision Making Framework model (SDMF) at parole hearings. The SDMF builds upon the ORAS (validated risk assessment) and helps guide the Parole Board's decision through additional evidence-based risk factors: criminal history/parole history, self-control, programming, institutional conduct, offender change, release planning, and other case-specific factors associated with risk. Other non-risk factors are reviewed and coded, including victim consideration, community considerations, and statutory considerations. Each factor is coded to determine if aggravating, neutral or

mitigating. Once scored, this information is used to further guide release consideration and development of case-specific conditions of release to mitigate risk.

The entire board received training in California through an Association of Paroling Authorities International (APAI) conference in April 2022.

The Parole Board conducted 23,607 parole hearings between July 2019 and June 2022. Since implementing a decision-making grid in 2019, these decisions comprised 30% of release decisions.

Parole Board Hearings: FY 2020, FY 2021, FY 2022



## IV. UPDATES FROM 2022

### a. Progress on 2022 Recommendations

#### **Policy Recommendation 1:** Improving Infrastructure and Systems of Support for Victims of Crime

**Updates From 2022:** The JRI Victims Focused Workgroup worked with the Council of State Governments Justice Center in late 2021 to conduct a statewide needs assessment and survey to guide state action on how state services and supports to victims of crime could be improved. In 2022, the workgroup used that information, along with the experiences and insights of members, to develop six recommendations to improve state services and supports to victims in Missouri. The recommendations include:

1. Increase training opportunities on notification systems and processes, crime victim compensation, restitution, and the post-conviction process for prosecutors, courts, probation and parole, law enforcement, and service providers (as applicable).
  - ♦ Could include the development of a Victim Services Academy & Certificate Program, to provide standardized core competency training, ongoing continuing education, information sharing, self-care, and opportunities for all crime victim advocates to receive advisement and guidance.
2. Identify funding source(s) for victims' services that is stable, sustainable, and flexible.
  - ♦ Includes conducting an assessment to identify current funding gaps and what resources may be needed to fill those gaps beyond federal grant funding.
3. Increase collaboration and communication between state agencies that provide victims' services, community victim services providers, prosecutors, local law enforcement, advocates, and other criminal justice stakeholders.
4. Increase access and reduce barriers for people with disabilities who are victims of crime.
  - ♦ Includes: promoting the use of best practices for communication standards and access by state agencies and criminal justice stakeholders (including prosecutors and providers) and coordinating with the Missouri Department of Mental Health and the Missouri Development Disabilities Council;

- ♦ Conducting an informal audit of current state services and practices to ensure individuals with disabilities have access to services and supports;
  - ♦ Providing information to people with disabilities on MOABLE accounts to ensure people with disabilities can accept restitution or compensation without losing their benefits.
5. Statewide standardization and accountability in restitution processes (including the timing of when restitution is ordered in a case, the process for sharing the order with Probation and Parole, and the tracking of orders and collections).
    - ♦ Of note, OSCA can make suggestions and train on best practice as to the timing of when restitution is ordered or how the order is shared with probation and parole, but ultimately judges must follow the Constitution, statutes, and case law on restitution.
  6. Improve access to general information for crime victims and criminal justice stakeholders.
    - ♦ Could include the development of a "one-stop-shop" public webpage for victims of crime, hosted by a state agency.

#### **Policy Recommendation 2:** Support for Statewide Sequential Intercept Model Mapping Workshops

**Updates From 2022:** The Sequential Intercept Model (SIM) is a community strategic planning tool to improve cross-system collaborations to reduce involvement in the justice system by individuals with a mental health or substance use disorder. The JRI Crisis Response Workgroup developed a process to conduct SIM Mapping Workshops statewide to support diversion initiatives. A Statewide SIM Steering Committee was established in 2021 to coordinate SIM Mapping Workshops in each county, SIM Facilitator trainings were conducted, and \$623,689 in funding for statewide SIM Mapping Workshops was awarded April 12, 2022, by the Missouri Foundation for Health in a collaborative grant with the Missouri Behavioral Health Council, DMH, and the Office of State Courts Administrator. Funding will provide virtual training to add additional SIM facilitators, SIM Coordinators to assist with judicial engagement, and a SIM Toolkit for each county which will provide training materials and supplies.

### **Policy Recommendation 3:** Support for Behavioral Health Crisis Centers (BHCCs)

**Updates From 2022:** As of October 31, 2022, 11 of the 18 BHCCs are open, with the remainder due to open by December 2022. DMH continues to track BHCC outcome data and evaluate the need for additional BHCCs around the state to fill regional gaps.

### **Policy Recommendation 4:** Support for 988 Hotline Implementation

**Updates From 2022:** On July 16, 2022, the newly designated 9-8-8, three-digit number launched, streamlining 24/7 accessible care and support for anyone experiencing a mental health, suicide, or substance use crisis. There are seven crisis centers in Missouri responsible for answering 988 contacts for the state. The trained crisis specialists at each center will listen, work to understand how the individual's problems are affecting them, provide support, and connect them to resources. Crisis specialists will also have the ability to dispatch mobile crisis response teams for additional crisis response wherever the crisis is occurring in the community and based on the needs of the person. Providing consistent crisis care and support will be integral to reducing the burden on and misuse of law enforcement, emergency response, and other public health services.

### **Policy Recommendation 5:** Support for the Crisis Intervention Team (CIT) Model as a Best Practice for Law Enforcement

**Updates From 2022:** Two counties have implemented CIT in the past year. As of September 2022, there are 34 local CIT councils, covering 108 of 114 counties and the City of St. Louis. There are now 7 counties identified that do not participate in CIT councils or trainings (Holt, Caldwell, Grundy, Putnam, Scotland, Dallas, and Webster).

## **b. Other Highlights from 2022**

### **State Victim Liaison Program**

The Missouri Department of Social Services has established a three phase strategy to meet the goals of the State Victim Liaison (SVL) program: Phase I – Assessment of Services, Resources, and Providers; Phase II – Presentation of Report to Local Representatives and Implementation; and, Phase III – Full Implementation and Assessment. Phase I involves identifying existing statewide, local, and federal resources for victims of violent crime.

During Phase I, the SVL had several meetings with key state and local government officials, local community partnerships, key resources providers, and other stakeholders to identify

the needs of victims of violent crime and developed strategies to address the needs. The SVL co-chairs the victim focused workgroup of the JRI. The JRI workgroup partnered with the Council of State Governments Justice Center to conduct a statewide needs assessment on crime victims' services that provided insight on the gaps and barriers prevalent in Missouri. Facilitating meetings with Family and Community Trust (FACT) partnerships across the state helped the SVL to identify community needs based on geographic specificity. There are 21 FACT partnerships that encompass both urban and rural areas, including St. Louis and Kansas City.

Phase II involves presenting and implementing strategies and recommendations. During Phase II, the SVL continues to work with key state and local government officials, local community partnerships, key resources providers and other stakeholders across the state to identify the needs of victims of violent crime and to develop strategies to address the needs. The SVL introduced an evidence-based practice for addressing gun violence with a multidisciplinary team (MDT) approach to Kansas City-area stakeholders and several planning/collaboration meetings took place. The plan was developed through research from the National Center for Victims of Crime, specifically the document titled Promising Practices: Multidisciplinary Responses to Complex Homicide. The SVL is partnering with stakeholders, such as non-governmental organizations serving crime victims; Kansas City leadership from the mayor's office, police department, and health department; and the Jackson County Prosecutor's Office in conjunction with federal resources from the National Public Safety Partnership (PSP) to implement the MDT model as an intervention strategy of their public safety plan. Per their website, the National Public Safety Partnership was established by the U.S. Department of Justice to provide an innovative framework to enhance federal support of state, local, and tribal law enforcement and prosecution authorities in enhancing public safety. The public safety plan was developed in partnership between Kansas City officials and federal PSP resources.

Collaborating with FACT partnerships to determine specific approaches for improving services for crime victims utilizing the MDT modality tailored to varying community demographics undertakes the SVL's engagement of strategy implementation in other parts of the state.

The SVL is continuing to work with the JRI Victim Focused Workgroup on improving systems of support for victims of crime in Missouri during Phase II and into Phase III. Phase III involves assessing the effectiveness of the implementation of strategies. The SVL will work with entities and stakeholders on full implementation and assessment of effectiveness. The SVL will assist in problem solving and making adjustments to ensure success.



## **SAFE Kits Testing Update**

### **Missouri State Highway Patrol**

The MSHP crime lab continues to enter the DNA profiles developed from outsourced cases worked as part of the VOCA grant into CODIS (Combined DNA Index System). Additional evidence, such as clothing and bedding that is not worked by the private lab, is also being worked by the MSHP crime lab. Funds were provided in FY2023 to allow for the MSHP crime lab to outsource additional sexual assault kits. The laboratory has sent 849 sexual assault kits to a private lab for testing of backlogged sexual assault kits within the MSHP crime lab. The backlog continues as a result of the 2018 legislative change requiring law enforcement to submit all sexual assault kits to the laboratory within 14 days and due to staffing turnover and the amount of time it takes to train new employees.

The MSHP crime lab continues to work with the Missouri Attorney General's Office (AGO) in the testing of sexual assault kits that were stored within law enforcement agencies. The AGO sends these kits to a private lab for testing, and the MSHP crime lab is responsible for entering the DNA profiles into CODIS. To date the MSHP crime lab has received 580 cases for entry into CODIS. Of the 580 cases that have been entered into CODIS, hits have occurred on 249 cases. The MSHP crime lab will continue working with the AGO as they work through testing of previously untested sexual assault kits.

### **Missouri Attorney General's Office**

The SAFE Kit Initiative was launched by the AGO in February of 2019. The Initiative seeks to clear the backlog of untested sexual assault kits in the State of Missouri. Using both federal grants and money appropriated by the Missouri General Assembly, the initiative has made major strides toward the goal of clearing the backlog and obtaining justice for victims of these crimes.

The 2018 national Sexual Assault Kit Initiative (SAKI) grant was completed on September 30, 2022. The grant of \$2.8 million was to financially support the first statewide inventory of sexual assault kits, submit the eligible untested kits for DNA testing, and upload eligible kits into Combined DNA Index System (CODIS) and the Violent Criminal Apprehension Program (ViCAP). The 2018 SAKI grant provided funds for the development of an electronic tracking system to inform survivors of sexual assault about the location of their kit. Accomplishments of the 2018 SAKI grant include 1,660 untested reported sexual assault kits submitted to the private lab for DNA testing. By the end of the grant, 1,440 kits were tested to completion with the following results: 820 CODIS Upload Eligible and 620 Not CODIS Eligible. Of the 820 CODIS Upload kits, there have been 253 CODIS hits. Prosecutors have obtained one criminal conviction, four cases are currently set for trial, and two cases have warrants issued based on DNA evidence obtained through the 2018 SAKI

grant. SAFETrack, Missouri's electronic evidence tracking system, was launched in 2021 with ongoing education and training sessions.

The FY2022 Sexual Assault Kit Project was completed on June 30, 2022, and was funded by a \$2.6 million general revenue budget allotment granted to the AGO for the purpose of assisting in the elimination of untested, reported sexual assault kits in Missouri. In order to ensure that Missouri crime labs were not inundated with these historical kits, the SAFE Kit Initiative uses the services of private contracted labs. This project required the increase of contracted DNA testing labs from one to four private laboratories and the contractual technical review service providers from one to three private laboratories to meet the deadline inherent in the fiscal budget process. The accomplishments of the FY2022 Sexual Assault Kit Project include: 1,799 kits were submitted to the private labs for DNA testing. The private lab DNA analysis and technical review is currently ongoing. 185 kits have been tested to completion with the following results: 84 CODIS Upload Eligible and 101 Not CODIS Eligible. Of the 84 CODIS Upload kits, there have been nine CODIS hits. Prosecutors, chiefs of police and sheriffs have been informed of the DNA results and CODIS hits within their jurisdiction.

The 2020 Sexual Assault Kit Initiative (SAKI) grant required a second statewide inventory process, which began in February 2021 and concluded in May 2022. The 2020 inventory responses were received from 599 law enforcement agencies and 126 healthcare providers. In total, the 2020 inventory recorded an additional 1,536 untested, reported sexual assault kits; 769 untested, unreported sexual assault kits; 6,234 partially tested kits; and 3,643 fully tested kits for a total of 12,182 kits. Since May 2022, 474 kits have been submitted to the private lab for DNA testing. It is anticipated that 526 additional kits will be tested by the end of 2022.

When the 2018 SAKI grant and 2020 SAKI grant inventories are compared, progressive changes in the handling of sexual assault kits in Missouri and progress toward the SAFE Kit Initiative goals are noticeable and impressive:

- ♦ **85% of Missouri Law Enforcement Agencies Report No SAFE Kit Backlog.** 510 law enforcement agencies in Missouri, of the 599 reporting departments in the 2020 inventory, reported zero untested SAFE kits or have eliminated their previously existing backlog.
- ♦ **78% Drop in Number of SAFE Kits Held by Hospitals and Healthcare Statewide.** The reduction of kits held by healthcare facilities moved from a high of 1,089 kits statewide in 2018 to 241 kits statewide in 2020.
- ♦ **78.4% of the Statewide Reported, Untested SAFE Kits Have Been Tested.** When the number of reported, untested kits held by law enforcement statewide is combined from the 2018 and 2020 inventory, the total number of kits is 5,270. As of September 2022 3,933

have been submitted for DNA testing with federal or state funds; 119 kits were tested by municipal funds from Springfield, Missouri; and adjustments were made for 79 other kits tested by other labs and kits determined not to be in scope or not to be eligible for testing by judicial order, contamination or damage. The total adjusted number of untested, reported sexual assault kits using 2022 SAKI grant fund is 1,139. The number of kits currently awaiting testing represent just 21.6% of the total reported, untested kits statewide.

The AGO has applied for a third national SAKI grant to test the balance of untested, reported kits, financially support the outstanding technical review services, support the investigation and prosecution of new CODIS hits, and maintain administrative grant functions. Grant awards are expected to be announced in by the end of 2022.

### Missouri Sexual Assault Survivors' Bill of Rights

This past year, the Missouri Sexual Assault Survivors' Bill of Rights was modified by Senate Bill 775. The legislation went into effect on August 28, 2022.

Under current law, sexual assault survivors have rights relating to how a criminal investigation regarding a sexual assault must be conducted. Senate Bill 775 provides that sexual assault survivors retain these rights regardless of whether a criminal investigation or prosecution results or regardless whether the victim has previously waived any of these rights. The Bill of Rights now provides that a sexual assault survivor has the right to:

- ♦ Consult with an employee or volunteer of a rape crisis center;
- ♦ A sexual assault forensic examination;
- ♦ A shower and change of clothing;
- ♦ Request to be examined by an appropriate medical provider or interviewed by a law enforcement officer of the gender of the survivor's choosing, when available;
- ♦ An interpreter who can communicate in the language of the sexual assault survivor's choice, as reasonably available;
- ♦ Notification and basic overview of the options of choosing a reported evidentiary collection kit, unreported evidentiary collection kit, and anonymous evidentiary collection kit;
- ♦ Notification about the evidence tracking system;
- ♦ Notification about the right to certain information considered a closed record, such as a complete incident report; and

- ♦ Be free from intimidation, harassment, and abuse in any related criminal or civil proceeding and the right to reasonable protection from the offender.

Additionally, Senate Bill 775 provides that a survivor must be informed of the survivor's rights by a medical provider, law enforcement officer, and a prosecuting attorney in a timely manner. A document shall be developed by the Department of Public Safety, in collaboration with certain Missouri-based stakeholders, and shall be provided to a sexual assault survivor explaining the survivor's rights.

## C. OTHER CRIMINAL JUSTICE REFORM HIGHLIGHTS FROM 2022

### Treatment Courts

Support of Missouri's treatment courts and funding for expansion has helped mitigate resource challenges created during the COVID-19 pandemic and aided in the implementation of the Missouri Treatment Court Standards. The Missouri Treatment Court Standards were approved by the Missouri Treatment Courts Coordinating Commission to create a level of uniform practices and to provide guidance to all treatment court types, including adult treatment court, DWI court, family treatment court, juvenile treatment court, and veterans treatment court.

The standards are intended to apply to a high-risk/high-need population, but efforts in the coming year will expand the scope to include other elements and court types based on evidence-based practices. The standards describe best practices associated with a successful treatment court program and are guided by the 10 Key Components of Drug Courts; the Adult Drug Court Best Practice Standards volumes I and II, which are published by the National Association of Drug Court Professionals; the Guidance to States: Recommendations for Developing Family Drug Court Guidelines; the Guiding Principles of DWI Courts; the Juvenile Drug Court Strategies in Practice; and the Juvenile Drug Treatment Court Guidelines. The 10 key components are applicable to all treatment courts regardless of type (e.g., adult, DWI, family, juvenile, veteran).

Training has been provided by national and state experts in treatment court best practices and the Missouri standards, with additional regional trainings planned by FY2023. Technical assistance and support are also provided by Missouri Office of State Courts Administrator (OSCA) personnel to continue identification of resource-access issues and efficient operational processes.

## Justice Reinvestment Subaward through the Bureau of Justice

OSCA has continued to work to engage Missouri judicial branch stakeholders and has partnered with the Missouri Behavioral Health Council to seek funding for Sequential Intercept Mapping in each judicial circuit. A judicial engagement component was included in the joint grant application to the Missouri Foundation for Health to support the local processes, to capitalize on the influence of the “judge as a convener,” to bring local criminal justice stakeholders and service providers to the collaborative community discussions, and to facilitate the Sequential Intercept Mapping process.

The judicial engagement component will include the expertise and experience of three retired Missouri judges. Appellate Judge Gary Lynch and Circuit Judges Roger Prokes and Patricia Joyce will serve as the judicial engagement coordinators and aid the local judiciary in each circuit in the process of engaging community and criminal justice partners throughout the mapping exercise. The coordinators will also assist circuits with information and resources to build a sustainable community collaborative team to utilize the mapping indicators as part of a continuous system improvement effort.

### Pretrial Services

While access to pretrial services continues to be limited in the state, efforts to connect and integrate existing pretrial sites with those established as part of the Learning Site process in 2021 continue to expand opportunities for improvements in local criminal justice systems. The Learning Site project continues with three pilot sites: the 12th Judicial Circuit, 33rd Judicial Circuit, and 43rd Judicial Circuit. The pilot sites are working toward implementation of a validated assessment tool and improved data collection to improve outcomes. Additional efforts in 2022 included initiating regular convenings for Learning Site coordinators and existing pretrial administrators to share information and best practices, as well as monthly meetings of the Risk Assessment Implementation Oversight Work Group, inclusive of key criminal justice stakeholders, which continue building an informed, collaborative, and consensus-driven foundation for developing a high-functioning statewide pretrial system.

### Task Force on Criminal Justice

The Supreme Court of Missouri established a Task Force on Criminal Justice in June of 2017. The Task Force was established to review all pretrial practices to ensure the determination of pretrial release is based on the risk of failure to appear and on potential for danger to crime victims, communities, or others and not on race, gender, ethnicity, or economic conditions. The Task Force has subcommittees related to pretrial and bail services; private probation; costs, fines, and fees; sentencing issues; victims’ rights; and

education needs for courts and stakeholders.

The Task Force and its subcommittees have broad representation of members of the judiciary, court staff, the legal community, the executive branch, and advocacy organizations, and meet on a regular basis throughout the year.

The Task Force has produced recommendations to the Supreme Court that resulted in rule changes, statewide educational opportunities, and collaborative endeavors with executive branch agencies intended to improve criminal justice system outcomes and public safety.

### Project ECHO

The National Center for State Courts has partnered with the American Academy of Addiction Psychiatry to offer a select group of Missouri trial court judges and commissioners a virtual learning experience with medical addiction. The objective of Project ECHO for the judiciary is to increase participant knowledge that may help inform judicial decisions supporting long-term recovery.

The Project ECHO learning experience consists of seven one-hour virtual sessions addressing various aspects of opioid use disorder, substance use disorder, and the use of medication to address these disorders. Each session uses a roundtable format and is composed of a 20 minute presentation by a medical addiction expert, a 20-minute open question-and-answer session, and a 20-minute scenario discussion with problem solving using sample cases brought to the session by the judicial participants.

There are 19 treatment court judges from 12 different jurisdictions participating in the project.

Below is a description of the individual sessions.

#### Session 1: Introduction to ECHO, Participants and Topics

Why is SUD/OD knowledge important to judicial officers?

#### Session 2: Stigma and Language

What we say has impact.

#### Session 3: Treatment (ASAM; treatment cycle and relapse)

Characteristics of a good treatment provider.

#### Session 4: Opioid Use Disorder and Medication for Opioid Use Disorders

3 forms of MOUD, delivery mechanisms, patient profiles.



#### Session 5: Evidence-based Outcomes and Research on MOUD

Is this the answer for justice involved individuals?

#### Session 6: American Disabilities Act and MOUD

How does this apply in the courtroom?

#### Session 7: Polysubstance Use

Stimulants and legal use of marijuana.

## V. RECOMMENDATIONS FOR 2023

### **Policy Recommendation 1:** Support and include Mental Health Courts (MHCs) statutorily

Current statute, includes only certain treatment court types therefore, only data pertaining to those courts is collected. This approach subsequently limits the availability of subsequent funding to only those court types. However, several mental health courts exist in Missouri, most notably in Boone County, Greene County, Kansas City, and St. Louis. These courts rely on local funding and often struggle to access grants needed to expand due to limits on data collection. Research continues to support the use of these specialized courts to both divert and treat individuals in the criminal justice system who have mental illness. Due to the varied funding streams, MHCs in Missouri vary in their nature (criminal vs. municipal) and structure/model. The Treatment Court Coordinating Commission's approval of adding MHCs to statute would allow for more standardization and ease of data collection, as well as provide opportunities for additional funding access.

This is a continued recommendation from 2020.

### **Policy Recommendation 2:** Support EMS transport to BHCCs

Currently, emergency medical services (EMS) will transport an individual in crisis to a hospital emergency room (ER), which may not be the most appropriate setting, unless the individual in crisis is also experiencing a medical emergency. Medicaid coverage regulations, state plan, and destination restrictions currently do not allow for EMS to transport to a behavioral health crisis center (BHCC), where someone in crisis can be stabilized, connected to services, and returned to the community. Allowing EMS to transport directly to a BHCC will also reduce ER wait times, save limited ER space for those with a medical emergency, and result in cost savings.

### **Policy Recommendation 3:** Support residential crisis centers

Most individuals who access a BHCC are stabilized within 23 hours. According to BHCC data, the average amount of time an individual stays in a BHCC is four hours, and approximately 85% of individuals stay at a BHCC less than six

hours. However, some individuals are not stabilized within 23 hours and need a short-term, intensive services in a home-like environment in order to divert from inpatient hospitalization. A residential crisis center provides peer support, individual and group interventions, medication support, co-occurring disorder services, and connections to ongoing services while providing continuous observation. There is currently one operational residential crisis center, in Springfield, which is adjacent to the existing BHCC.

### **Policy Recommendation 4:** Support jail-based competency restoration

The number of individuals found incompetent to proceed has increased beyond the available number of inpatient psychiatric beds. As a result, individuals are waiting in for long periods of time to be admitted (average is six months). While medication treatment services and some case management can be provided by forensic mobile teams, additional services could be provided by community-based behavioral health clinicians in the county jails to deliver therapeutic treatment modalities (motivational interviewing, illness management and recovery, dialectical behavioral therapy, etc.) as well as competency restoration and intensive case management to ensure continuity of care and reduce the number of individuals awaiting inpatient psychiatric competency restoration services.

### **Policy Recommendation 5:** Support a web-based bed registry

To foster system-wide improvement, a web-based bed registry would identify, unify, and track all mental health and substance use disorder residential and outpatient treatment resources in a single, common network, available 24/7. A bed registry would replace inefficient manual tracking, search, communication, and reporting functions; facilitate rapid referrals and feedback; and foster collaboration and coordination among hospitals, primary care, behavioral health, law enforcement, courts, crisis systems, and other community service organizations. Data and analytics would also be available to those using the platform, which would help in assessing and improving internal processes. A statewide bed registry would bridge the gap between behavioral health services as well as divert individuals from inappropriate use of law enforcement, emergency, and hospital resources.

### **Policy Recommendation 6:** Increase training for victims' services

The JRI Victims Focused Workgroup identified a general need for increased training opportunities on notification systems and processes, crime victim compensation, restitution, and the post-conviction process for prosecutors, courts, probation and parole, law enforcement, and service providers across the state. In an effort to address this need, a victim services academy and certificate program could be developed to provide standardized core competency training, ongoing continuing education, information sharing, self-care,

and opportunities for all crime victim advocates to receive advisement and guidance.

**Policy Recommendation 7:** Identify stable, sustainable, and flexible funding source(s) for victims' services.

Funding for victims' services has been volatile in recent years at both the federal and state levels. From significant changes to Victims of Crime Act (VOCA) funding to disruptions in fines and court fee collection during the COVID pandemic, the funding streams for various victims' services in Missouri has been inconsistent and a source of concern for service providers and advocates. Additionally, variances in timelines, eligible expenses, and reporting requirements for current funding sources have hampered service providers and the state's ability to efficiently provide assistance to victims of crime. These concerns are not unique to Missouri; many other states share similar concerns.

In an effort to address these concerns, more stable, sustainable, and flexible funding sources should be identified. This work includes conducting an assessment to identify current funding gaps and resources that may be needed to fill those gaps beyond federal grant funding.

**Policy Recommendation 8:** Increase collaboration and communication between state agencies that provide victims' services, victim services providers, prosecutors, local law enforcement, advocates, and other criminal justice stakeholders

In the winter of 2021 at the request of the Victims Focused Workgroup, the Council of State Governments (CSG) conducted focus group discussions, direct outreach, and online surveys with criminal justice stakeholders and victims in Missouri to understand victims' rights practices and barriers to accessing services. Of note, many of the findings indicated a general need for increased communication across criminal justice stakeholders to ensure victims receive timely and comprehensive information about their rights and available supports, as well as to further build trust in the criminal justice system overall.

The Victims Focused Workgroup also acknowledged this general need and remains committed to working toward this long-term and ongoing goal in order to improve services and the overall experience for victims of crime.

**Policy Recommendation 9:** Increase access to victims' services and reduce barriers for people with disabilities

According to 2020 data reported by the Center for Disease Control, one in four adults in Missouri have a disability (e.g., mobility, cognitive, hearing, vision, self-care, or independent living). In order to effectively serve Missourians, we must constantly work to reduce barriers that might exist. Some

examples include:

- ✓ Promoting the use of best practices for communication standards and access by state agencies and criminal justice stakeholders (including prosecutors and providers) and coordinating with the Missouri Department of Mental Health and the Missouri Development Disabilities Council;
- ✓ Conducting an informal audit of current state services and practices to ensure individuals with disabilities have access to services and supports; and
- ✓ Providing information to people with disabilities on MOABLE accounts to ensure people with disabilities can accept restitution or compensation without losing their benefits.

### **Policy Recommendation 10: Implement statewide standardization and accountability in restitution processes**

In 2020 and 2021, the JRI Executive Oversight Council recommended the effectiveness of the state's restitution system be explored, noting inconsistent practices among jurisdictions and an apparent lack of statewide oversight. Since that time, the JRI Victims Focused Workgroup has dedicated significant time to understanding the current processes and has attempted to collect data on how restitution payments are ordered and tracked.

Ultimately, the workgroup discovered multiple systemic barriers to establishing a comprehensive view of the restitution ordering, collection, and remittance process in the state. While the courts are responsible for the order of restitution, county prosecutor offices are responsible for collecting and remitting restitution. Further, collection and remittance processes across county prosecutor offices vary. While many use a similar electronic management system through the Office of Prosecution Services, the data is not tied to the total ordered amounts for each case, leaving a general gap of information on whether restitution is collected once it has been ordered. Additionally, there is a need for increased consistency in when restitution is ordered in a case and how the order is shared with Probation and Parole.

While increased training and the standardization of restitution practices is needed, the JRI Executive Oversight Council acknowledges that ultimately the Constitution, statutes, and case law guide how restitution can be ordered and pursued.

**Policy Recommendation 11:** Improve access to general information for crime victims and criminal justice stakeholders

Feedback received from victims of crime in the winter of 2021 indicated some victims and criminal justice stakeholders may experience a sense of confusion and/or a lack of access to information about victims' services available in Missouri.

The JRI Victims Focused Workgroup members also reported receiving stakeholder feedback indicating periodic misunderstandings or a lack of knowledge about available services and supports. In order to address these concerns and improve access to information for crime victims and criminal justice stakeholders, a “one-stop-shop” public webpage should be designed and made available, hosted by a state agency. ■

### **JRI Victims Focused Workgroup**

- Missouri Dept. of Corrections
- Missouri Dept. of Higher Education and Workforce Development
- Missouri Dept. of Mental Health
- Missouri Dept. of Public Safety
- Missouri Dept. of Public Safety - Missouri State Highway Patrol
- Missouri Dept. of Social Services
- Missouri Governor’s Office
- Missouri Coalition Against Domestic and Sexual Violence
- Missouri Office of Prosecution Services
- Missouri Office of the Attorney General
- Office of State Courts Administrator
- Missouri Court Appointed Special Advocate Association
- Missouri Developmental Disabilities Council

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